PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further indicated unless correcte maintenance fee notifical	correspondence including below or directed off tions.	ng the Patent, advance of nerwise in Block 1, by (orders and notification of r (a) specifying a new corres	naintenance fees was spondence address;	ill be ma and/or (b	iled to the current) indicating a sepa	correspondence address as rate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
23377	7590 01/05	/2007	nave			Mailing or Transi	mission
WOODCOCK	WASHBURN LI	_P	I he	reby certify that this	s Fee(s)	Fransmittal is being	deposited with the United
CIRA CENTRE, 12TH FLOOR				es Postal Service wi ressed to the Mail	th suffici Stop ISS	ient postage for firs SUE FEE address	deposited with the United t class mail in an envelope above, or being facsimile ate indicated below.
2929 ARCH STI	trans	smitted to the USPT	O (571) 2	273-2885, on the da	ate indicated below.		
PHILADELPHIA	A, PA 19104-2891						(Depositor's name)
							(Signature)
				<u> </u>			(Date)
APPLICATION NO.	FILING DATE	FILING DATE			ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/539,645	10/539,645 06/15/2005		Bruce Parker	PARK-0009		RK-0009	8630
TITLE OF INVENTION	: DATA COMPRESSIO	N SYSTEM AND MET	HOD				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE 7	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0		\$1000	04/05/2007
EXAM	INER	ART UNIT	CLASS-SUBCLASS				
YOUNG, BRIAN K		2819	341-051000	•			
1. Change of corresponde	ence address or indication	n of "Fee Address" (37	2. For printing on the pa	atent front page, list			
CFR 1.363).	andanaa addaaaa (ar Cha	(1) the names of up to 3 registered patent attorneys 1 Woodcock Washburn LLP					
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			or agents OR, alternatively, (2) the name of a single firm (having as a member a 2				
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.				
3. ASSIGNEE NAME AT	ND RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or typ	oe)			*
PLEASE NOTE: Unle	ess an assignee is identi	ified below, no assignee	data will appear on the pa	atent. If an assigne	e is ident	tified below, the do	ocument has been filed for
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
(A) NAME OF ASSIC	DINEE		(b) RESIDENCE. (CIT I	and STATE OR CC	JUNIKI	,	
Pacbyte Sof	ftware Pty Lin	nited	Epping, New	South Wales	s, Aus	stralia	
Please check the appropri	iate assignee category or	categories (will not be p	rinted on the patent):	Individual Cor	poration	or other private gro	up entity Government
4a. The following fee(s) a	are submitted:	4	b. Payment of Fee(s): (Plea	se first reapply any	previou	sly paid issue fee s	hown above)
☑ Issue Fee ☐ A check is					•		,
				d. Form PTO-2038			
☐ Advance Order - #	of Copies	The Director is hereby overpayment, to Depos	virector is hereby authorized to charge the required fec(s), any deficiency, or credit any ayment, to Deposit Account Number 23-3050 (enclose an extra copy of this form).				
5. Change in Entity Stat	tus (from status indicated	i above)					
a. Applicant claims	s SMALL ENTITY statu	s. See 37 CFR 1.27.	☐ b. Applicant is no long	ger claiming SMAL	L ENTIT	Y status. See 37 CF	R 1.27(g)(2).
NOTE: The Issue Fee and interest as shown by the re	I Publication Fee (if requeeords of the United Sta	nired) will not be accepte tes Patent and Trademark	od from anyone other than the Office.	ne applicant; a regist	tered atto	rney or agent; or the	e assignee or other party in
Authorized Signature	Mul	156		Date	A pril	1 2, 2007	
Typed or printed name	Michael I). Stein;		Registration No	o. <u>34</u>	,734	
This collection of information application. Confident submitting the completed this form and/or suggestion.	ation is required by 37 C iality is governed by 35 I application form to the ons for reducing this but	FR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SENIO BEES OF	on is required to obtain or re 1.14. This collection is estive depending upon the indivi- tion of the Chief Information office COMPLETED FORMS TO	etain a benefit by the imated to take 12 m idual case. Any con r, U.S. Patent and T	e public vinutes to nments of rademark	which is to file (and complete, including the amount of time Office, U.S. Depa	by the USPTO to process) g gathering, preparing, and ne you require to complete rtment of Commerce, P.O.

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.